

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Governor's Office Division, Department, or Region (if applicable) CaliforniaVolunteers Street Address State Capitol, Sacramento CA 95814 Area Code/Phone Number (916) 445-0873 Agency Contact (name and title) Dan Maguire, Deputy Legal Affairs Secretary		Date Stamp <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	California Form 801 For Official Use Only
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2. Donor Name and Address

<input type="checkbox"/> Individual Last Name First Name 350 South Grand Avenue Los Angeles CA 90071 Address City State Zip Code		<input checked="" type="checkbox"/> Other Deloitte Consulting LLP Name
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Deloitte Consulting LLP offers consulting services for a broad range of clients.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name	\$	Amount	Name	\$	Amount
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3. Payment Information

Date and Amount of Payment (other than travel) 1/8/09 \$ 230,000
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

Date(s) of Travel	\$	Transportation Expenses	\$	Lodging Expenses	\$	Meal Expenses	\$	Other Expenses	\$	Total Expenses
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Provide a specific description of the nature and use of the payment for official agency business:


Deloitte Consulting LLP began providing pro bono consulting services to CaliforniaVolunteers on October 13, 2008, and has continued to do so. The present document covers those services starting on January 8, 2009. The consulting services relate to CaliforniaVolunteers' Disaster Corps and its Corporate Partner Program.

Identify the officials for whom the payment was used:

not applicable			
Last Name	First Name	Title	Department/Division
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

 Signature of Agency Head or Designee	Susan Kennedy Print Name	Chief of Staff Title	2/3/09 (month, day, year)
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Comment: (Use this space or an attachment for any additional information.)